



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

# PUBLIC HEALTH REPORTS

VOL. 32

APRIL 20, 1917

No. 16

## POLIOMYELITIS (INFANTILE PARALYSIS).

### PREVALENCE IN CITIES DURING 1916.

The table which follows shows the recorded prevalence of poliomyelitis during the year 1916 in cities of the United States having over 100,000 population. The cities have been divided into groups according to their population and arranged in each group in the order of the prevalence of the disease as indicated by the recorded cases. Data are given for all the cities of the United States having an estimated population of 100,000 or over as of July 1, 1916, with the exception of Cambridge, Mass., and Memphis, Tenn.

City.	Indicated case rate per 1,000 inhabitants.	Indicated fatality rate per 100 cases.	Cases reported.	Deaths registered.	Population July 1, 1916 (estimated by U. S. Census Bureau).
Over 500,000 inhabitants:					
St. Louis, Mo.	0.030	82.61	23	19	757,309
Los Angeles, Cal.	.038	21.05	19	4	503,812
Cleveland, Ohio	.056	15.79	38	6	674,073
Pittsburgh, Pa.	.059	35.29	34	12	579,090
Detroit, Mich.	.105	26.67	60	16	571,784
Chicago, Ill.	.114	17.19	285	49	2,497,722
Baltimore, Md.	.348	34.15	205	70	589,621
Philadelphia, Pa.	.588	30.52	1,006	307	1,709,518
Boston, Mass.	.861	24.42	651	159	756,476
New York, N. Y.	1.610	27.13	9,023	2,448	5,602,841
From 300,000 to 500,000 inhabitants:					
Seattle, Wash.	.023		8		348,639
Buffalo, N. Y.	.028	38.46	13	5	468,558
Milwaukee, Wis.	.037	12.50	16	2	436,535
New Orleans, La.	.059	9.09	22	2	371,747
San Francisco, Cal.	.067	6.45	31	2	463,516
Washington, D. C.	.107	15.38	39	6	363,980
Cincinnati, Ohio.	.115	8.51	47	4	410,476
Minneapolis, Minn.	.333	9.09	121	11	363,454
Jersey City, N. J.	.630	16.06	193	31	306,345
Newark, N. J.	3.478	26.37	1,422	375	408,894
From 200,000 to 300,000 inhabitants:					
Kansas City, Mo.	.003		1		297,847
Denver, Colo.	.027		7		260,800
Rochester, N. Y.	.043	18.18	11	2	256,417
Columbus, Ohio	.051	27.27	11	3	214,878
Louisville, Ky.	.063	6.67	15	1	238,910
Portland, Oreg.	.064	10.53	19	2	295,463
Indianapolis, Ind.	.077	23.81	21	5	271,708
St. Paul, Minn.	.324	10.00	80	8	247,232
Providence, R. I.	.463	16.95	118	20	254,960

<sup>1</sup> The health officer states that cases are known not to be completely reported.

City.	Indicated case rate per 1,000 inhabit- ants.	Indicated fatality rate per 100 cases.	Cases reported.	Deaths regis- tered.	Popula- tion July 1, 1916 (esti- mated by U. S. Census Bureau).
From 100,000 to 200,000 inhabitants:					
Spokane, Wash.	0.007	.....	1	.....	150,323
Nashville, Tenn.	.009	.....	1	.....	117,057
Oakland, Cal.	.010	.....	2	.....	198,604
Tacoma, Wash.	.010	100.00	1	1	112,770
Dallas, Tex.	.016	.....	2	.....	124,527
Fort Worth, Tex.	.019	.....	2	.....	104,562
Atlanta, Ga.	.021	50.00	4	2	190,558
Youngstown, Ohio.	.028	100.00	3	3	108,385
Salt Lake City, Utah.	.034	.....	4	.....	117,399
Houston, Tex.	.036	75.00	4	3	112,307
Omaha, Nebr.	.036	.....	6	.....	165,470
Reading, Pa.	.046	.....	5	.....	109,381
San Antonio, Tex.	.057	42.86	7	3	123,831
Lawrence, Mass.	.070	28.57	7	2	100,560
Fall River, Mass.	.078	20.00	10	2	128,366
Birmingham, Ala.	.110	15.00	20	3	181,762
Scranton, Pa.	.116	11.76	17	2	146,811
Des Moines, Iowa.	.118	33.33	12	4	101,598
Richmond, Va.	.128	15.00	20	3	156,687
Dayton, Ohio.	.134	17.65	17	3	127,224
Lowell, Mass.	.150	23.53	17	4	113,245
Worcester, Mass.	.153	12.00	25	3	163,314
New Bedford, Mass.	.178	4.76	21	1	118,158
Grand Rapids, Mich.	.249	18.75	32	6	128,291
Albany, N. Y.	.269	14.29	28	4	104,199
Lynn, Mass.	.430	31.82	44	14	102,425
Hartford, Conn.	.559	16.13	62	10	110,900
Toledo, Ohio.	.574	22.73	110	25	191,554
Briarport, Conn.	.600	30.14	73	22	121,579
Camden, N. J.	.621	33.33	166	22	106,233
New Haven, Conn.	.635	17.89	95	17	149,685
Paterson, N. J.	.708	20.41	98	20	138,443
Springfield, Mass.	.831	25.00	88	22	105,942
Syracuse, N. Y.	1.471	27.95	229	64	155,624
Trenton, N. J.	1.497	29.94	167	50	111,593

<sup>1</sup> The health officer states that cases are known not to be completely reported.

## POLIOMYELITIS IN NEW ZEALAND.

### THE PREVALENCE OF POLIOMYELITIS (INFANTILE PARALYSIS) IN THE WELLINGTON HEALTH DISTRICT, 1914-1916.

The first important epidemic prevalence of poliomyelitis in New Zealand occurred early in the year 1914 and was fairly widespread throughout the Dominion. In the Wellington Health District the disease was generally diffused, but only 65 cases were reported, the largest number occurring in any one week being 8. In 1915 only 3 cases, occurring between March 26 and December 30, were notified in the district. In 1916 the disease again became epidemic in the district, with a total of 339 cases reported from January 31 to April 30, 1916. The first cases occurred simultaneously in three widely separated localities. The monthly totals were: January, 3 cases; February, 65 cases; March, 178 cases; April, 93 cases.

As regards age groups, the greatest number of cases, viz, 71, occurred in the group of 1 to 2 years. The sex distribution was, male, 199; female, 140.

Of the 339 cases in 1916, 46 terminated fatally, 28 deaths occurring in males and 18 in females. Six deaths occurred in infants under